**GROUP ART UNIT: 1621** 

JAN 0 8 2004

TECH CENTER 1600/2900 **CLIENT-MATTER NO.:** TRANSMITTAL LETTER 38484-067

SERIAL NO: FILING DATE: EXAMINER: 09/844,816 April 30, 2001 P. Zucker CONFIRMATION NO.: 3320

INVENTION: TRYPSIN SUBSTRATE AND DIAGNOSTIC DEVICE, AND METHOD OF **USING SAME** 

TO: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 551 857 US
DATE OF DEPOSIT: December 30, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450. ALEXANDRIA, VIRGINIA 22313-1450.

Chic OF PERSON MAILING PAPER OR FEE) (SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Office Action mailed October 3, 2003, with Attachment A, in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- No additional claims fee is required. <u>X</u>
- An additional claims fee is required and has been calculated as shown below:

## CLAIMS AS AMENDED

					CDITIO	_	AND AMILIAT				
	NUMBER		HIGHEST		NUMBER		RATE			FEE	
	AFTER AMEND- MENT		NUMBER PREVIOUSLY PAID FOR		OF EXTRA CLAIMS PRESENTED		SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	38	-	41	-	.0	х	\$9	\$18	=	\$	\$0.00
INDEPEN- DENT											
CLAIMS	6	-	6	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		XNC	)	\$140	\$280	=	s	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.
- Please charge my Deposit Account No. 502624 the amount of \$\_ covers the fee for a -month extension of time. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge payment of any fees associated with <u>X</u> this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

11-1

Inventors:

Corey et al. 09/844,816

Serial No.: Filed:

April 30, 2001

Page 2

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Astrid R. Spain Registration No.

McDERMOTT, WILL & EMERY 4370 La Jolla Village Drive Suite 700 San Diego, California 92122 858-535-9001



**PATENT** 

Client-Matter No.: 38484-067

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED In re Application of Confirmation No: 3320 Corey et al. Group Art Unit: 1621 TECH CENTER 1600/2900 Serial No.: 09/844,816 Examiner: P. Zucker CERTIFICATE OF MAILING BY "EXPRESS MAIL" "EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 551 857 US Filed: April 30, 2001 DATE OF DEPOSIT: December 30, 2003 I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE For: TRYPSIN SUBSTRATE AND AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, DIAGNOSTIC DEVICE, ALEXANDRIA, VIRGINIA 22313-1450. AND METHOD OF USING Paul Chol SAME (PRINTED NAME OF PERSON MAILING PAPER OR FEE) (SIGNATURE OF PERSON MAILING PAPER OR FEE)

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **RESPONSE TO OFFICE ACTION**

Responsive to the Office Action mailed October 3, 2003, entry of the following Amendments and Remarks is respectfully requested.

A Claim Listing begins on page 2 of this paper.

Remarks begin on page 12 of this paper.